

ISSUE SLIP STAPLE AREA (for additional cross references)

PORTION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TG		6/28/01
O.I.P.E. CLASSIFIER			10-7-11-01
FORMALITY REVIEW			08/13/01
RESPONSE FORMALITY REVIEW	M. K. Jt	1102 907	10-5-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	4/9/01
2	✓	✓	9/17/01
3	✓	✓	9/17/01
4	✓	✓	9/17/01
5	✓	✓	9/17/01
6	✓	✓	9/17/01
7	✓	✓	9/17/01
8	✓	✓	9/17/01
9	✓	✓	9/17/01
10	✓	✓	9/17/01
11	✓	✓	9/17/01
12	✓	✓	9/17/01
13	✓	✓	9/17/01
14	✓	✓	9/17/01
15	✓	✓	9/17/01
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46	✓	✓	9/17/01
47	✓	✓	9/17/01
48	✓	✓	9/17/01
49	✓	✓	9/17/01
50	✓	✓	9/17/01

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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SC-571
 10/06